



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 4761

Bib Data Sheet

<b>SERIAL NUMBER</b> 10767,374	<b>FILING OR 371(c) DATE</b> 01/29/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> P1216R1C1D1
-----------------------------------	---------------------------------------------------------------	---------------------	-------------------------------	-----------------------------------------------

**APPLICANTS**

Avi Ashkenazi, San Mateo, CA;  
 Sherman Fong, Alameda, CA;  
 Audrey Goddard, San Francisco, CA;  
 Austin L. Gurney, Belmont, CA;  
 Mary A. Napier, Hillsborough, CA;  
 Daniel Tumas, Orinda, CA;  
 William I. Wood, Hillsborough, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/953,499 09/14/2001 PAT 6,838,554  
 which is a CON of 09/254,465 03/05/1999 PAT 6,410,708  
 which is a CON of PCT/US98/24855 11/20/1998  
 which claims benefit of 60/078,936 03/20/1998  
 and said 09/953,499 09/14/2001  
 is a CIP of PCT/US98/19437 09/17/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	---------------------------------	-------------------------------	------------------------------------

**ADDRESS**

35489

**TITLE**

Compounds, compositions and methods for the treatment of diseases characterized by A-33 related antigens

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
---------------------------------------	-------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------